

THE GENESIS OF THE MEDICAL DEPARTMENT OF THE UNITED STATES ARMY *

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The Medical establishment of the United States Army did not "spring full panoplied from the mind of Jove" or lesser creative body. Its advent was unheralded and unsung. It came not into being with any manifestations of pomp and splendor. Rather is it an establishment of slow growth, the result of struggles, hardships, vicissitudes, and development of years. It was officially christened one afternoon late in July, 1775. Its sponsors were men of grave and serious mien, members of the Continental Congress then holding its second session in the City of Philadelphia. Like all christenings, the natal day of this institution had occurred weeks if not years earlier for Congress only gave formal recognition on behalf of the United States, to an establishment already in existence in the colonies.

It is not quite clear when medical service with colonial troops began to be furnished by the colonies themselves at their own cost, but the records of Massachusetts show that in 1676 Mr. John Clark was appointed by that colony, chirurgion for a force of 500 troops then being raised and that a house was ordered built for lodging wounded soldiers. From that time on medical men in the colonies saw service both with colonial troops and with British Regulars in various campaigns conducted by Great Britain in the western hemisphere. The records of Connecticut show that there were military hospitals at Havannah and Crown Point, criticism being had because of the large quantities of supplies purchased for them in 1762. A military hospital, capable of accommodating 500 patients and provided with living quarters for the medical staff, was erected at Albany during the French and Indian War.

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During the years 1750-1774, a number of graduates of medical schools in Boston, New York and Philadelphia, being of limited means sought service with troops and in military hospitals for the experience not otherwise to be had. Other graduates having more ample means pursued post-graduate courses in the medical schools and hospitals of England and Europe. Some of them, also, saw service with the armies of continental Europe. While these men were perfecting their professional attainments they were acquiring military training and a knowledge of the management and administration of army hospitals which stood them in such good stead when military responsibilities were thrust upon them in 1775. A few of them including the illustrious Joseph Warren, who died in the battle of Bunker Hill, while a Major-General of the Massachusetts forces, chose the duties of command rather than the service of their profession and attained to high rank. Medical men in those days were more active in affairs, social and political, than to-day. Nine of them participated in the battles of Concord and Lexington April 19, 1775. Twenty-five were members of the Provincial Congress of Massachusetts. Thirty-one, including General Warren, participated in the battle of Bunker Hill, June, 1775. A small number were members of the Continental Congress, particularly during the earlier years of the War.

For a number of years prior to 1775 increasing interest had been taken by the colonies in their militia. Regiments, battalions, and companies were organized, equipped and drilled in conformity with militia regulations promulgated by the Crown in 1764. While the number of men per company and the number of companies per regiment varied in the different colonies, the regimental staff was practically the same in all of them. The medical staff of the regiment was one surgeon and one assistant called mate. In some colonies two mates were allowed. In time of peace this medical staff apparently did not participate in any of the drills or training. Probably they were not selected or assigned until the organization was ordered

to mobilize. It was customary for the colonel of the regiment to select the surgeon and the surgeon to select the mate, in order that their acceptability to the organization might be assured. No provision for a central medical organization or directors appears to have been made by any colony.

The seizure on September 1, 1774, by a force of British troops acting under the orders of General Gage, of a quantity of ammunition belonging to the colony of Massachusetts stored at the town of Medford alarmed all the colonies. Committees of Safety were appointed for the defence measures. These committees again appointed sub-committees to provide arms and supplies of all kinds and to supervise the organizing and training of the militia. Patriotism and enthusiasm ran high. Additional regiments were organized and equipped. Measures were taken to provide the colonies with needed medicines and surgical instruments. Chests of medicine and sets of instruments were purchased for each regiment in so far as they could be obtained. They were given into the custody of the regimental surgeon who was held responsible for their safe-keeping and economical use. Massachusetts authorized 15 medicine chests and appropriated 500 pounds for the purchase of such articles therefor, as could not be had on credit. Connecticut authorized "one medicine chest and apparatus, not to exceed forty pounds, for each regiment, and a capital set of instruments for each Corps on any station." New York authorized the purchase of medicine chests, surgical instruments and other utensils and requested two medical men to supervise their purchase and inspection. Probably other colonies did likewise. Some of the Southern colonies were able, later, to capture from British forces medicine chests and instruments they could not procure otherwise.

Early in 1775 the provincial legislature of Massachusetts had become restless and watchful. It should be remembered that General Gage had shut himself up with

a large force of British troops in Boston in the autumn of 1774. On the night of April 18, 1775, he dispatched a force to seize a store of ammunition reported to be at Concord. The movement known, the inhabitants of Concord and Lexington notified, a conflict occurred on the following day at both places between the British forces and the provincial minute men. The first blood was shed of a conflict destined to last more than seven years, and to result in the independence of the colonies. The provincial wounded were cared for primarily by the medical men present and later in hospitals in Cambridge. This action on the part of General Gage was taken as an affront not only by Massachusetts but also by the adjacent colonies that could only be assuaged by armed conflict. Militia organizations were filled up as rapidly as could be and regiment after regiment began to assemble at Cambridge and adjacent towns not only from Massachusetts but from Connecticut, New Hampshire and Rhode Island.

This assembling of troops called for medical service which the colonies were prompt to provide and in this Massachusetts, being the most involved, took the lead. A board of medical examiners consisting at first of three members, later increased to seven, and three authorized to constitute a quorum, was appointed May 8, 1775, for the examination of all candidates for appointment as surgeon or mate in the colony forces. Regimental commanders were directed to submit to this board the names of the men selected by them as surgeons. Examinations were held. These examinations were searching and thorough. The names of successful candidates were submitted to the Provincial Congress and commissioned. The unsuccessful candidates were privately advised of their rejection. A general hospital was, by resolve of April 29, 1775, established at Cambridge under the direction of Dr. Isaac Foster, for the care of the sick of the regiments encamped there and of the wounded remaining from the battle of Concord and Lexington. Dr. Foster, given full

authority to equip the hospital, obtained such supplies as he could from the local commissary and purchased the remainder. Payment therefor was made by the commissary. A medical commissary was authorized May 15, 1775, to receive, store and issue the colony's medical and hospital supplies, and to impress beds, bedding and necessary furniture giving the owner a receipt therefor. Dr. Andrew Craigie was elected to the position. Additional hospitals were opened, as the need required, in the towns occupied by provincial troops. Suitable buildings were rented and remodeled for the purpose. Separate hospitals were established for smallpox and other contagious diseases. Provision was made, also, for the care of the insane.

A medical committee was appointed June 12, 1775, to devise ways and means for providing the troops with medicine and supplies. Another committee was directed to prepare plans and regulations for hospitalizing the sick and wounded. The battle of Bunker Hill was fought June 17, 1775, and lost for the want of supplies—ammunition. The wounded from this battle taxed existing hospital arrangements to their utmost and called for increased facilities, which were provided as rapidly as they could be secured. But there was as yet no director for all these general hospitals. Each was more or less independent, acting on its own initiative. The need for a chief of the medical establishment was not only apparent but urgent. The Provincial Congress set apart July 7th for selecting a surgeon general for the Massachusetts forces. Action was postponed until the following day but the records do not show the result of those deliberations. It is probable that no one was selected because the Continental Congress at the solicitation of the Massachusetts Congress had, on June 15th, voted to assume responsibility for the Army at Boston and selected George Washington as Commander in Chief. He had arrived at Cambridge July 2nd and the provincial legislature had informed him of the provisions already made for the care of the sick and wounded.

General Washington familiarized himself, as rapidly as he could, with the state of the Army, the medical establishment as well as the rest. What he found appears in the following extract of his letter of July 21, 1775, to the President of the Continental Congress.

I have made inquiry into the establishment of the hospital and find it in a very unsettled condition. There is no principal Director, or any subordination among the surgeons; of consequence, disputes and contentions have arisen and must continue until it is reduced to some system. I could wish it were immediately taken into consideration as the lives and health of both officers and men so much depend upon a due regulation of this department.

But ere this report had been penned the Continental Congress had appointed a committee to draft legislation for a hospital establishment for the Army intended primarily for the treatment of such sick and wounded as were too ill to receive proper treatment from the regimental medical service.

After some deliberation Congress, by a Resolve of July 27, 1775, provided such an establishment, described as a hospital for 20,000 men. Whether this enactment contemplated a basic unit for an army of that size wherever operating, or whether Congress could not visualize a military force or exigency other than the one then at Boston, cannot be determined. The latter supposition appears, in the light of subsequent developments, to be the more probable. In any event the legislation was most meagre and the authority and powers vested in the chief of the establishment were very circumscribed and limited.

The arrangement of the establishment authorized by this legislation was one director general and chief physician, responsible to the Commander in Chief; four surgeons for the management of hospitals; twenty mates to provide attendance; one apothecary to compound officinals and prepare them for ready dispensing; one clerk to keep financial accounts for the director general and property accounts for the hospitals; two storekeepers to store, safeguard and issue supplies to and at the hospitals; and for each hospital

one matron, one nurse for every ten patients, and such laborers and attendants as the day's need might require. The director general was authorized to appoint all personnel of the establishment except the mates whose selection was left to the surgeons.

The director general was empowered to provide medicines, instruments, dressings, hospital furniture and equipment, and all other articles needed for the care and comfort of the sick. He obtained the necessary funds from the paymaster with the army upon warrants signed by the Commander in Chief. All his supplies he purchased where, and as he could. Some of these such as sheets and linen rags for lint, compresses and bandages, leather for splints, web for tourniquets, tape, thread, needles, pins and even blankets were obtained by requests sent to the Selectmen of the various municipalities, by appeals to the clergy and by advertisements inserted in local newspapers. The director-general's accounts of purchases, as well as his reports of the operation of the hospital, were laid before the Commander in Chief and by him submitted to Congress.

As a result of the enactment of July 27, 1775, the Army had two entirely distinct and separate medical services, general hospitals and regimental. Neither was made subordinate or responsible to the other. They had no common chief to direct their activities, unless it was the Medical Committee of Congress, to which both could look for guidance and help in solving their difficulties. The authority of the director general did not by legislation extend beyond the general hospitals. Such authority as he had over medical affairs in the regiment was delegated to him by the Commander in Chief, in orders and otherwise. As a result there was no coördination of activities and very little cooperation between them. Regimental surgeons were ambitious and jealous of their authority. They endeavored to magnify the importance of the regimental hospitals and resorted to many subterfuges to avoid

sending their patients to the general hospital. To support their pretensions of importance these regimental surgeons made demands upon the director-general for excessive quantities of medicines and hospital stores, much of which, it is feared, were used for private purposes. When these demands were not or could not be approved by the director-general, the regimental surgeons complained to their respective colonels. Strife and contentions became rife. Let us hear General Washington's comment and orders in the matter:

Repeated complaints have been made by the Regimental Surgeons that they are not allowed the proper necessities for the sick before they become fit objects for the general hospital, and the director-general of the hospital complains that, contrary to the rules of every established army, these regimental hospitals are more expensive than can be conceived, . . . indicates either an unpardonable abuse on one side or inexcusable neglect on the other * * * Courts of inquiry will be appointed by the various brigade commanders to inquire into these complaints. Soldiers too sick to remain in camp are to be sent to the general hospital. There is no need of regimental hospitals without the camp, when there is a general hospital so near and so well appointed.

Some order and harmony were established as a result of these measures and the authority of the director confirmed. The controversy was destined to be renewed the following summer at New York by the regiments of militia sent there to reinforce the Continental Army.

The regimental surgeon was not without grounds for complaint. He had no one to look to for his supply of medicines and dressings except the Medical Committee of Congress, unless he received them from the general hospital on authority from the director-general. He was, to a very large extent, an orphan. For a better understanding of the situation a brief consideration of the equipment of a regimental hospital is desirable. As to manner of housing, two or three large tents were provided for use in the field. When billeted in cities a suitable house was selected by the regimental barrackmaster. When in winter encampment, a hut was provided in which to hold sick call. For beds and bedding, bunks if provided at all, were

built by an artificer of the regiment. Each company was required to carry two empty bed sacks for use of the sick. These sacks were obtained by the company commander from the regimental clothier. When required for use they were filled with straw provided by the regimental quartermaster. For covering, the sick soldier had his own blanket supplemented, perhaps, by additional blankets loaned to the company commander or the surgeon. The cooking utensils, pots, pans, tin cups, and the like, the surgeon obtained from the quartermaster. Such articles of furniture as were required and could be furnished were also supplied by the quartermaster. No provision was made, however, for provisions for the sick. Such food supplies as were had were articles of the ration, supplied by the regiment. The surgeon had no personnel to look after his patients. Attendance, except the feeding, was rendered by the surgeon and his mate. For each regimental hospital a guard of three men was allowed. Of these one stood his tour of duty as sentry. The other two were available to help care for the patients.

For his professional equipment each regimental surgeon was supposed to have a chest of medicines, some instruments, and a few dressings. No list of medicines authorized for the medicine chest has been found. Perhaps it can be visualized from the list of those furnished the ship *Marquis de la Fayette* by surgeon Jonathan Drowne in 1782 and the following reported short by the Surgeons at Fort Ticonderoga, August 31, 1776.

Acetic acid, common;	Myrrh,	Radix Serpentar, Virg.
Aloes Hepatica,	Hordeum common	Sal Epsom,
	(barley),	
Calomel,	Mercury Precip. rubrum,	Sal Nitre,
Emplastrum Diachylon,	Mercury Corrosive Subl.,	Spts. Sal Ammoniac
Gum Guaiac,	Pulv. Cortes Peruviana,	Tartar Emetic
Gum Opii	Pulv. Ipecac	Unguentum Diachylon,
Cantharadis	Pulv. Jalap	Elixir Asthmatic,
Gum Camphor	Pulv. Rheum	Elixir Vitriol

LIST OF MEDICINES FOR YE SHIP MARQUIS DE LA FAYETTE

Calomel	3-jj.	Ext. Saturn	3-jjj.
Tartar Emetic	3-jj.	Ung. Mercurial	1b-j.
Gum opii	3-ss.	Ung. Basilicon or Digast...	1b-jj.
Pulv. Ipecac	3-jv.	Cerat. Epulot	1b-j.
Pulv. Rhei	3-jv.	Sal. Cathart.	1b-jj.
Pulv. Jalap	3-jv.	Sal. Nit. ppt.	1b-j.
Pulv. Cort. Peruv.	3-jv.	Sal. Ammon. Crud.	3-jj.
Cortex Peruv.	1b-j.	Sem. Anis.	3-jv.
Elix. Vitriol	3-jj.	Lard	3-jv.
Elix. Proprietat	3-jj.	Sapo venat	
Flor. Chammom	3-vj.	Manna	
Flor. Sulph.	1b-jj.	G. Arabic	
Laud. Liquid	3-jj.	Cream Tart.	
Vin. Antimon	3-jjj.	Tinct. Myhrr et Aloes.....	
Emp. Diach. Simp.	1b-j.	Liniment Arcai et G. Elami..	
Emplast cum Gum	1b-j.	Syrup Scillit	
Emplast Melilot	1b-ss.	Conf. Rosar rub.	
Emplast Mercurial	1b-ss.	Merc. precip. rub.	3-j.
Pill Cochia		Merc. corros. sub.	3-ss.
Pill Rufi		Cantharidis pulv.	3-j.
Balsam Traumati		Camphor	3-jv.
Spt. Volat		Vitriol Roman	3-j.
Spt. Terebinth		Vitriol Album	1b-jss.
Ol. Olivar	1b-jj.		
1 case Amputating Instruments.		1 doz. Common Stick Tourniquets.	
1 Case Trepanning Instruments.		1 Brass petit Tourniquet.	
1 Case or pouch Dressing Instruments.	 Syringes.	
1 Case Artery Needles.	 Mortar.	
3 Good Lancets.	 Scales and Weights.	
Lint	1b-jjj.	Thread	
Carded Tow	1b-jjj.	Wax	
Old Linens		Sponge	
Pins		Ligatures	
Silk		Splints	
Rice		Bandages	
Oatmeal		Claret wine	
Indian meal		Vinegar	
A tin Coffee pot.		10 tin Pint cups.	
4 tin Quart pots.		Spoons, &c.	

A medical friend to whom the director-general applied early in 1776, replied "To give you a long list of medi-

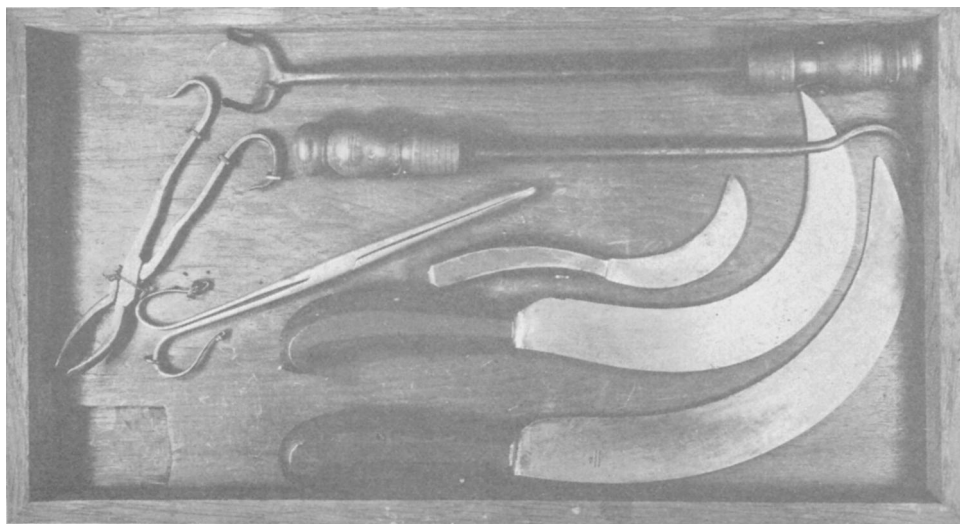
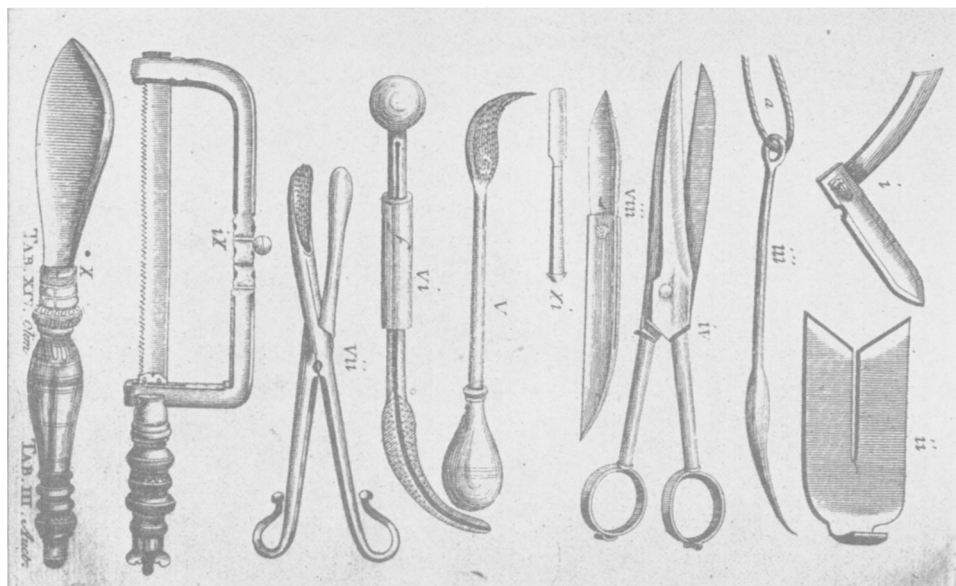
cines, etc., (used in an expedition in the last war) would avail you little at present, as many of the articles are not to be had; nay I am certain, one half of them might at any time, be left out."

The following surgical outfit was recommended by the director general

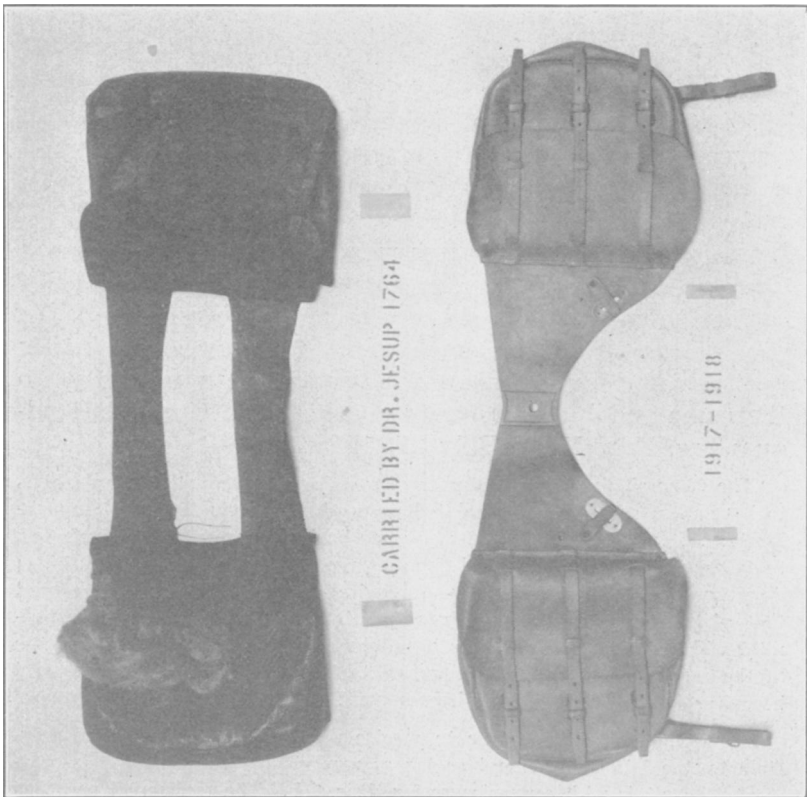
Instruments for Surgeon and Mate	Bandages, etc.	Linen, etc.
A set of amputating instruments consisting of at least	Of Bandages, Rollers, &c., of various kinds, at least 300.	Six pairs of old sheets or rags equivalent for compresses, &c.
A large knife	One or two dozen sets	Lint, 2 or 3 pounds at least,
A saw with 2 blades	of splints,	
A catline	2 dozen common tourniquets,	6 ounces of sponge
12 crooked needles	3 ounces of thread for ligatures.	6 pounds of fine tow.
A screw tourniquet		
A case of six incision knives	A piece of 2 inch wide tape.	
2 sets of pocket instruments	16 or 18 inches square	
4 bullet forceps	of sadler's leather, and	
An artery forceps	a piece of sadler's inch	
2 dozen straight needles	wide girding.	
A paper of pins	Bandages, tourniquets,	
A case of lancets	splints, &c, should be made by the Surgeon and Mate.	

For this equipment he recommended that each surgeon have a portable box, with suitable divisions for containing his lint, bandages, instruments, and other implements of surgery.

Some conception of the instruments of the period, a few of which were undoubtedly included in the regimental equipment, may be gathered from the following illustrations.



No medicine chest of this period, the authenticity of which can be properly vouched has been located although the search has been extensive. Nor has there been found any cut or description of it. A saddle bag, carried by Dr. E. Jesup, surgeon of colonial troops in the campaign of 1764, is in the possession of Mr. Arthur S. Jesup of this city, a direct lineal descendant, through whose courtesy the following illustration was obtained. In one pocket of this bag is some of the tow issued for dressings.



For removal of the wounded from the field of battle regimental surgeons were instructed to make arrangements with regimental officers for a supply of hand barrows,

wheel barrows, or other suitable biers and for men to carry them. For evacuating the wounded, the Quartermaster was directed to provide a number of suitable wagons. Just what type of wagon was considered suitable for this purpose has not been discovered, whether the standard freight wagon, a lighter wagon, or some type of spring vehicle. Ambulances as such had not been devised. The Quartermaster was, by later legislation, directed to provide "litters."

The disabilities of the regimental surgeons were, in part removed, and the supervision and direction of the director-general and directors of separate establishments over them was extended and better defined by the resolve of July 17, 1776. This resolve also increased the number of hospital surgeons and mates at the rate of one surgeon and five mates for every five thousand men in the whole army. An increase of personnel for these hospitals in stewards, storekeepers, matrons and nurses was authorized. Regimental medical and surgical equipment and supplies were placed under the supervision of the directors who were made responsible for their replenishment. The provisions of this resolve affecting regimental hospitals were published to the command in the following order from General Headquarters, New York, July 27, 1776:

"The General, finding the number of sick to increase, and being desirous to have them as well accommodated as possible, directs that the Barrack-Master . . . of each regiment fix on some house convenient to the regiment, to be improved as an hospital for the reception of patients just taken down, or whose disorder does not require any special assistance beyond that of their own Regimental Surgeon. One of the surgeons of the hospital will occasionally visit these hospitals, and determine when the nature of the case requires the patient moved to the general hospital, which will hereafter be kept in different houses contiguous to each brigade.

The regimental surgeons are to receive directions from, and be responsible to, the Director General so far as respects the furnishing their regimental hospitals with conveniences for their sick. The regimental surgeons are also to keep a register of their sick, and make a weekly return to the Director and Commissary general severally, of the sick in their respective regiments.

Whenever a person is taken sick he is not to be borne on the provision return; but the value of his ration be obtained in suitable supplies from

the general hospital, to be drawn by the surgeon of the regiment, who is to conform to the rules of diet established in the general hospitals, and to account to the Director General.

The legislation of July 27, 1775, had another serious defect. Whether by intent or inadvertence the authority of the director-general over hospital affairs was not extended beyond the establishment with the main army. Almost before the ink of the signature to that resolve had time to dry another hospital establishment became necessary. Without so much as a scratch of authority from even a provincial Congress a band of colonial troops under Ethan Allen had early in May seized the very important strongholds of Ticonderoga and Crown Point securing a large number of cannon and vast quantities of military stores. The immense advantage to the colonies of possession of these strongholds was at once apparent. Additional troops were dispatched to hold them and plans prepared for an early invasion of Canada before Great Britain could have time to reinforce her garrisons there. A General Officer was detailed to command the troops there assembled and thus a new army was formed and the Northern Department created. Instead of placing hospital arrangements for this army under the director-general of the main army and increasing his authorized personnel accordingly, Congress by resolve of September 14, 1775, created for it a separate hospital establishment only a little inferior to that of the main army. The director of this establishment was authorized to appoint mates and other hospital personnel. The deputy commissary general of the department was instructed to pay the director for such medicines as the latter had purchased for the use of the army and to procure such other medicines as he might be directed by the commanding general to do.

But Congress did not stop with that of the Northern Department in its creation of separate hospital establishments. Another was authorized May 18, 1776, for the forces in Virginia and the Colonies to the southward. Still another was authorized July 15, 1776, for the Flying

Camp established at Trenton for the rendezvous of Militia Regiments en route from Pennsylvania and near by colonies. Each of these establishments was under a director appointed by Congress and authorized to appoint his own staff and hospital personnel as the need of the service required. Congress may have attached less importance to these establishments and intended to make them secondary to that of the main army but there is no evidence of any intent to make them subordinate or responsible to it. Distance from the main army and difficulty of communications justified, in a large measure, the independence of the establishment in the Southern Department, but the same cannot be said of the others. This arrangement with division of responsibility and authority had its usual result in bickerings, controversy, and confusion. The directors of separate establishments when in need of supplies demanded them from the director-general, who, while willing to help, did not consider his authority wholly adequate. The directors endeavored to shift the responsibility for their deficiencies to the shoulders of the director-general. The inevitable happened for Congress, without according a hearing to either of them, on January 9, 1777, summarily dismissed both the director-general and the director of the Northern Department.

The vicissitudes and disaffections which resulted in the dismissal of the director-general at last convinced Congress that a complete reorganization of the medical establishment was unavoidable. A plan of reorganization proposed by Dr William Shippen, Director of the Flying Camp, and Dr. James Cochran, hospital surgeon, transmitted to Congress February 14, 1777, by General Washington, served as the basis for consideration. The discussion was prolonged. The draft submitted by the Medical Committee was twice recommitted for further study. The measure as it finally appeared in the Resolve of April 7, 1777, was a distinct improvement over its predecessors. The authority of the director-general was extended over the establishments in all territorial departments or districts. He was represented in each department by a dep-

uty director-general. Supervision of professional service in general hospitals was vested in a physician general and a surgeon general for each department who probably functioned as consultants. The purchase of medical and hospital supplies including special diet was devolved upon the deputy directors general. Each department was allowed an apothecary to handle pharmaceutical supplies, a hospital commissary to provide provisions, forage, and other like articles, and a clerk to keep financial records, prepare financial reports, and act as paymaster. Each hospital was allowed senior and junior physicians or surgeons, according to the class of patients treated, and mates to assist them, hospital stewards, matrons, nurses, and a hostler.

The resolve also provided a definite field organization under a physician and surgeon general for each army. This was wholly an army unit, intended to supervise the regimental medical service and to provide temporary shelter and treatment for the sick and wounded while the troops were in the field. It functioned also, in similar manner, while the troops were in winter quarters. Out of it grew the flying hospital, the ante-type of the modern evacuation hospital. The deputy directors general represented the departmental organization and had supervision over the general hospitals and the detached military units not with the army but needed for the protection of certain defensive points. These officials had fixed stations and did not travel with the army. The duties of all officials in the medical establishment were sufficiently well defined in the resolve to leave no doubt as to their mission.

Subsequent legislative enactments of February 6, 1778, September 30, 1780, and January 3, 1782, reorganizing the medical establishment served gradually to form it into one uniform corps, responsive to a single administrative head, and functioning as a harmonious whole. The providing of all medical and hospital supplies was ultimately vested in a purveyor thereby wholly separating practice from purveyorship, a condition frequently criticized by Congress.

With the demobilization of the army following the proclamation by Congress, April 11, 1783, of cessation of arms as well by sea as by land, this admirable medical organization built up with such effort disappeared. After the discharge of the purveyor, October 31, 1784, not a vestige of it remained. For many years thereafter the entire medical service for troops was rendered by regimental surgeons and mates in post or camp hospitals where stationed.

In 1792, as a result of a disastrous defeat in an Indian campaign of the previous year, the army was increased and reorganized as the Legion of the United States. This Legion was composed of four sub-legions having 1,280 enlisted men each, formed into two battalions of infantry, one of riflemen, and one company each of dragoons and artillery. A surgeon was authorized for each sub-legion and a mate for each battalion. A Legionary Surgeon, member of the Legionary Staff, supervised the Medical establishment.

In 1798 war with France appeared inevitable. The Army was increased, additional surgeons and mates authorized but no provision was made for a hospital department. This defect, being criticized by the Secretary of War and the criticism concurred in by the President, was remedied by the Act of March 2, 1799. This act contemplated a single uniform corps which, exclusive of regimental surgeons, consisted of the following persons:

A physician general as chief, who was charged with the general supervision and direction of all military hospitals, of the medical and surgical practice or service in the Army and Navy, and of all employees of the Medical establishment in hospitals, camps and garrisons; an apothecary general with one or more deputies, charged with the storage, preservation and issue of all medicines, instruments, dressings and other articles required by the hospital and regimental service; a purveyor whose duty it was to procure all medical and hospital supplies; an adequate number of hospital surgeons, liable for field service, charged

with the administration of hospitals to which assigned; a suitable number of mates to perform, under direction of the surgeons, the ordinary duties in the care of the sick in hospitals; and for each hospital a steward, and a competent number of nurses. The act provided for a medical board whose duty it was to examine all candidates for employment in the hospital department and certify to the Secretary of War their respective qualifications. The act further provided that regulations for the management of hospitals and the government of nurses and others charged with the care of the sick in camps and hospitals be prepared by a board consisting of the physician general and two hospital surgeons. These regulations became effective after approval by the Commander in Chief and the President.

At the urgent request of General Washington, his intimate friend and personal physician, Dr. James Craik, who had served as chief hospital physician during the Revolution, was appointed physician general and the necessary steps taken to organize the Medical Department. This organization had scarcely been completed before the war scare passed and the provisional army demobilized. With this demobilization the central organization again disappeared. In the return of the Army to peace time footing in 1802, provision was made for two surgeons and twenty-five mates for the army, attached to garrisons or posts and not to regiments. The Medical Department here for the first time, appears as a single corps. The number of mates was increased by six in 1804, and by five hospital surgeons and fifteen mates in 1808. The advent of the War of 1812 found the Medical Department in a most inadequate state without a central organization. The country was at that time divided into territorial departments and in each department the senior medical officer acted as chief surgeon of the military forces therein and as advisor to the department commander in medical affairs.

The act of January 11, 1812, for an additional military force authorized hospital surgeons, mates, stewards and

other hospital personnel, but made no provision for a central organization or directing head. It was not until March 13th of the following year that Congress reluctantly authorized it. The Act of that date for the better organization of the general staff of the Army created the offices of physician and surgeon general, and apothecary general, but left it to the President to prescribe their respective powers and duties. The following appears in the Army regulations of the period:—

It shall be the duty of the physician and surgeon general to prescribe rules for the government of the hospitals of the army; to see these enforced; to appoint stewards and nurses; to call for and receive returns of medicines, surgical instruments, and hospital stores; to authorize and regulate the supply of regimental medicine chests; to make out general half yearly returns of these, and of the sick to the war department, and yearly estimates of what may be wanted for the supply of the army.

The apothecary general shall assist the physician and surgeon general in the discharge of the above mentioned duties, and shall receive and obey his orders in relation thereto.

The apothecary general and his assistants will compound and prepare all officinals, and put up and issue medicines, etc., in chests, or otherwise conformably to the estimates and requisitions of the senior surgeons of hospitals, regiments and posts. Returns are to be made to the apothecary general's office, quarterly, by the deputy apothecaries, surgeons, and mates, or any one having charge of instruments, medicine, hospital stores, and hospital equipments of any description.

In addition to the central office just described the arrangement of the Medical Department as prescribed in army regulations contemplated a departmental or district distribution of its officers. The senior surgeon of each district was director of the medical staff in that district. He supervised all military hospitals in his district, regimental and general, corrected abuses, took administrative action on requisitions for medical supplies, and rendered quarterly reports of sick and wounded. He acted as adviser to the Commanding Officer on all matters affecting the health of the command. The regulations covered also the duties of surgeons in charge of hospitals and their mates, hospital stewards and ward masters, and those of regimental surgeons and mates. A direct line of authority

and responsibility extended from the chief of the establishment to the least important attendant in the hospitals, general and regimental. Rank, which was only relative, was determined by seniority of appointment. Assignment to positions depended upon the qualifications and ability of the individual. The regulations further provided that no candidate should be appointed to the department unless he possessed a diploma from an approved medical school or had passed an examination by an army medical examination board.

The Medical Department during this war appears to have been well organized, well administered, and to have, in the main, performed its mission creditably. It is true, the medical with other departments of the army, at the commencement of the war, wanted a system. Military hospitals were to be founded by gentlemen, little versed in hospital establishments for an army. These were evils, the necessary consequence of our civil policy and long period of peace, and which all new military establishments have to encounter; under the able supervision of Dr. James Tilton, the physician and surgeon general, these deficiencies were overcome. Some of the general hospitals had an enviable reputation for arrangement, administration and efficiency. The duties of the Apothecary General, Francis Le Baron, were performed efficiently as evidenced by the tribute paid him by Major Mann, chief surgeon of the Division of the Right in his Medical Sketches, "In justice to Dr. Le Baron, Apothecary General of the Army, it is with pleasure we acknowledge, he executed his duties with complete fidelity."

In returning the army to a peace footing in 1815, Congress again omitted all provision for a central medical organization or a chief to head the establishment, but gave the President authority, if he deemed it necessary, to retain provisionally the apothecary general and two assistants. This authority was exercised, and the apothecary general retained. An Act passed the following April definitely incorporated them in the medical establishment. The need for a permanent chief definitely to head the de-

partment was keenly felt by the Secretary of War. Finally in April 1818, an Act regulating the Staff of the Army was passed which provided :

Sec. 2. That there shall be one Surgeon General with a salary of two thousand five hundred dollars per annum, one assistant surgeon general, with the emoluments of a hospital surgeon, . . . and that the number of post surgeons be increased not to exceed eight per division.

Thus was established the central administrative organization of the Medical Department which continues to the present day, and Dr. Joseph Lovell, appointed the first surgeon general under that act, has not lacked a successor for the position he so ably filled until 1836. The changes made in the organization and arrangement of the Medical Department since that date have been few. Its personnel has been augmented during each war in which the United States has been engaged and reduced after the temporary forces have been disbanded. Volunteer forces raised to augment the Regular Army during these wars, have been attended by volunteer Medical personnel who have functioned under and been subordinate to the Surgeon General. In 1888, the Hospital Corps, an enlisted force was made a part of the Department. In 1901, a force of dental surgeons were added, employed for a number of years under contract, but incorporated in the Medical Department as the Dental Corps by Act of March 3, 1911. The Army Nurse Corps became a part of the Medical Department by the Act of February 2, 1901. The Medical Reserve Corps was authorized by Act of April 23, 1908, and proved of inestimable value to the Medical Department both prior to and during the World War. And lastly, the Veterinary Corps was added by the National Defense Act of 1916. The designation Medical Corps was given the commissioned personnel of the department in 1908.
